

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)	09/936205					
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1	1	1	1	51					
2		1						52					
3								53					
4								54					
5								55					
6								56					
7	1	1	1	1	1	1	1	57					
8	1	1	1	1	1	1	1	58					
9	1	1	1	1	1	1	1	59					
10	1	1	1	1	1	1	1	60					
11	1	1	1	1	1	1	1	61					
12	1	1	1	1	1	1	1	62					
13	1	1	1	1	1	1	1	63					
14								64					
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46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL	7	1	4	1	1	1		TOTAL IND.					
TOTAL	6	1	6	1	1	1		TOTAL DEP.					
TOTAL LINES	10	10	10	10	10	10		TOTAL CLAIMS					

1-1340 (5-78) *MAY BE USED FOR ADDITIONAL CLAIMS & AMENDMENTS U.S. DEPARTMENT OF COMMERCE
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